



Hospital Fiscal Report
State Form 49520 (R2 /7-02)
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: COLUMBUS REGIONAL HOSPITAL

City of Hospital: Columbus

Year Begin: 01/01/2013 (mm/dd/yyyy format)

Year End: 12/31/2013 (mm/dd/yyyy format)

Person Completing the Report: Sandi Mobley

Email Address: smobley@crh.org

Medicare Provider Number: 15-0112

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$240484821
Outpatient Patient Service Revenue	\$268632001
Total Gross Patient Service Revenue	\$509116822

2. Deductions From Revenue

Contractual Allowance	\$226747360
Other Deductions	\$10076989
Total Deductions	\$236824349

3. Total Operating Revenue

Net Patient Service Revenue	\$272292473
Other Operating Revenue	\$5797366
Total Operating Revenue	\$278089839

4. Operating Expenses

Salaries and Wages	\$67722588	Employee Benefits	\$21030507
Depreciation and Amortization	\$18278163	Interest Expense	\$2108811
Bad Debt	\$15035566	Other Expenses	\$144490313
Total Operating Expenses	\$268665948		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$9423891	Total Assets	\$358063455
Net Non-operating Gains over Loss	\$5775549	Total Liabilities	\$93050003
Total Net Gains	\$15199440		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$236245746	\$152543890	\$83701856
Medicaid	\$78252881	\$38675724	\$39577157
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$194618195	\$45604735	\$149013460
Total	\$509116822	\$236824349	\$272292473

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$467988	\$-467988

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$3000	\$0	\$3000

Statement Five: Education Statement

Education of	Estimated	Estimated	Net Dollar Gain or
--------------	-----------	-----------	--------------------

	Incoming Revenue	Outgoing Expenses	Loss
Medical Professionals	\$302244	\$719553	\$-417309
Hospital Patients	\$87613	\$342015	\$-254402
Community Education	\$0	\$626687	\$-626687

Number of Medical Professionals Trained	186
Number of Hospital Patients Educated	993
Number of Citizens Exposed to Health Education Messages	100000

Statement Six: Charity Statement

Hospital Charity Charges	\$15565219
--------------------------	------------

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$6951427	
HCI Payments	\$0		
Subtotal	\$0	\$6951427	\$-6951427
Medicaid Shortfalls	\$12706556	\$24680406	
Subtotal	\$12706556	\$31631833	\$-18925277
DSH Payments	\$11,200,471		
Subtotal	\$23907027	\$31631833	\$-7724806
Medicare Shortfalls	\$72153281	\$98201829	
Other Government Programs	\$0	\$0	
Total	\$96060308	\$129833662	\$-33773354

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$1098151	\$-1098151
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$306531	\$-306531

Other Allocations	\$0	\$0	\$0
-------------------	-----	-----	-----

Comments

